



Committee Name <i>Committee to Elect Matthesky</i>		Office Sought <i>Trustee</i>		District <i>Concord</i>
Street Address		City <i>Painesville</i>	State <i>OH</i>	Zip <i>44077</i>
Candidate Name OR PAC Registration Number <i>Paul R. Matthesky</i>		Treasurer Name <i>Anthony Anni</i>		Election Date (MM/DD/YYYY) <i>11/07/17</i>
Type of Report (choose one): <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Post-Primary <input type="checkbox"/> Pre-General <input checked="" type="checkbox"/> Post-General				
Statewide Candidates Only: <input type="checkbox"/> July Monthly <input type="checkbox"/> August Monthly <input type="checkbox"/> September Monthly				Year <div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Amended Report <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Termination <input type="checkbox"/> Check this box if the committee wishes to terminate with this report		Short Form Report (R.C. 3517.10(H)) <input type="checkbox"/> Check this box if the committee is filing a short term report. See attached instructions.

1. Amount brought forward from last report	\$ 314.34
2. Total monetary contributions (From Forms 31-A and 31-E)	\$ 7000.00
3. Total other income (From Form 31-A-2)	/ / / /
4. Total funds available (sum of lines 1, 2, 3)	\$ 7314.34
5. Total monetary expenditures (From Forms 31-B and 31-F)	\$ 7238.14
6. Balance on hand (line 4 minus line 5)	\$ 76.20
7. Value of in-kind contributions received (From Form 31-J-1)	\$ 5592.84 3633.68
8. Value of in-kind contributions made (From Form 31-J-2)	/ / / /
9. Outstanding loans owed by committee (From Form 31-C)	/ / / /
10. Outstanding debts owed by committee (From Form 31-N)	/ / / /
11. Outstanding loans owed to committee (From Form 31-K)	/ / / /
12. Value of independent expenditures made (From Form 31-U)	/ / / /

THIS STATEMENT IS MADE UNDER PENALTY OF ELECTION FALSIFICATION.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

[Signature]
Signature of Treasurer or Deputy Treasurer

12-14-17
Date (MM/DD/YYYY)

LAKE COUNTY
BOARD OF ELECTIONS
2017 DEC 14 AM 10:55

RECEIPT	ENTERED	SCANNED
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
AMEND LTR	AUDITED	COMPLETED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contribution Pages	Expenditure Pages	Other Pages	Total Pages



Statement of Contributions Received

Page _____

Form 31-A

ORC 3517.10

Full Name of Committee Committee to Elect Malchesky				
Full Name of Contributor Paul R. Malchesky			Registration Number, if PAC	
Street Address 6680 Stratford Rd	Employer/Occupation/Labor Organization* Atty		Form (Cash, Check, etc.) check	
City Concord	State OH	Zip Code 44077	Date (MM/DD/YYYY) 11/1/17	Amount \$900
Full Name of Contributor Paul R. Malchesky			Registration Number, if PAC	
Street Address 6680 Stratford Rd	Employer/Occupation/Labor Organization* Atty		Form (Cash, Check, etc.) check	
City Concord	State OH	Zip Code 44077	Date (MM/DD/YYYY) 11/3/17	Amount \$100
Full Name of Contributor Paul R. Malchesky			Registration Number, if PAC	
Street Address 6680 Stratford Rd	Employer/Occupation/Labor Organization* Atty		Form (Cash, Check, etc.) check	
City Concord	State OH	Zip Code 44077	Date (MM/DD/YYYY) 11/9/17	Amount \$500
Full Name of Contributor Paul R. Malchesky			Registration Number, if PAC	
Street Address 6680 Stratford Rd	Employer/Occupation/Labor Organization* Atty		Form (Cash, Check, etc.) check	
City Concord	State OH	Zip Code 44077	Date (MM/DD/YYYY) 11/28/17	Amount \$1100
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total \$2600



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee to Elect Mukherjee				
To Whom Paid USPS		Date (MM/DD/YYYY) 10/24/17		Amount 1302.68
Street Address 12000 Berea Road		Purpose Postage		
City Cleveland	State OH	Zip Code 44111	Check Number 1002	
To Whom Paid Ring LLC		Date (MM/DD/YYYY) 10/27/17		Amount 2673.30
Street Address P.O. Box 207		Purpose Digital Ads (Used personal credit card)		
City Dublin	State OH	Zip Code 43017	Check Number 1003	
To Whom Paid Vedda Printing		Date (MM/DD/YYYY) 11/1/17		Amount 607.42
Street Address 12000 Berea Road		Purpose Mailer		
City Cleveland	State OH	Zip Code 44111	Check Number 1004	
To Whom Paid Fraser Video Productions, Inc.		Date (MM/DD/YYYY) 11/1/17		Amount 898.80
Street Address 368 Blackbrook Road #300		Purpose Electronic Video		
City Painesville Twp	State OH	Zip Code 44077	Check Number 1005	
To Whom Paid Pallino Group LLC		Date (MM/DD/YYYY) 11/10/17		Amount 475.79
Street Address 110 East Gambier Street		Purpose Automated Call		
City Mount Vernon	State OH	Zip Code 43050	Check Number 1006	

Page Total \$ 5957.99



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Committee to Elect Makhesky</i>				
To Whom Paid <i>Fifth Third Bank</i>		Date (MM/DD/YYYY)		Amount <i>\$ 37</i>
Street Address <i>P.O. Box 630900</i>		Purpose <i>Bank Fee</i>		
City <i>Cincinnati</i>	State <i>OH</i>	Zip Code <i>45263</i>	Check Number <i>Auto withdrawn</i>	
To Whom Paid <i>Vedda Printing</i>		Date (MM/DD/YYYY)		Amount <i>\$1243.15</i>
Street Address <i>12000 Berea Road</i>		Purpose <i>Postcard</i>		
City <i>Cleveland</i>	State <i>OH</i>	Zip Code <i>44111</i>	Check Number <i>1007</i>	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State <i>OH</i>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State <i>OH</i>	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State <i>OH</i>	Zip Code	Check Number	

Page Total \$ *1280.15*



In-Kind Contributions Received

Form 31-J-1
R.C. 3517.10

Full Name of Committee <i>Committee to Elect Markelashy</i>				
Full Name of Contributor <i>1822 PAC</i>		Employer, Occupation, Labor Organization* <i>PAC</i>		Registration Number, if PAC <i>46-2226363</i>
Street Address <i>9450 Waringfield</i>		Description of Item or Service <i>Direct Mail</i>		Date (MM/DD/YYYY) <i>11/01/17</i>
City <i>Cincinnati</i>	State <i>OH</i>	Zip Code <i>45277</i>	Received at Fundraising Event? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No
Full Name of Contributor		Employer, Occupation, Labor Organization*		Registration Number, if PAC
Street Address		Description of Item or Service		Date (MM/DD/YYYY)
City		State	Zip Code	Received at Fundraising Event? <input type="checkbox"/> Yes <input type="checkbox"/> No

*IN KIND
\$3633.68
MAKE NEW
31-J-1 FORM*

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]